

OP RITUXIMAB (WEEKLY X4)

Types: ONCOLOGY TREATMENT
Synonyms: RITUX, LYMPHOMA, 375, RIT

Cycle 1	Repeat 1 time	Cycle length: 28 days
Week 1	Perform every 1 day x1	
Appointment Requests		
INFUSION APPOINTMENT REQUEST		
Interval: -- Occurrences: --		
Labs		
<input checked="" type="checkbox"/> CBC WITH PLATELET AND DIFFERENTIAL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> COMPREHENSIVE METABOLIC PANEL		
Interval: -- Occurrences: --		
<input checked="" type="checkbox"/> MAGNESIUM LEVEL		
Interval: -- Occurrences: --		
<input type="checkbox"/> LDH		
Interval: -- Occurrences: --		
<input type="checkbox"/> URIC ACID LEVEL		
Interval: -- Occurrences: --		
Outpatient Electrolyte Replacement Protocol		
TREATMENT CONDITIONS 39		
Interval: -- Occurrences: --		
Comments:		
Potassium (Normal range 3.5 to 5.0mEq/L)		
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP		
o Protocol applies only to same day lab value.		
o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP		
o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO		
o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO		
o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement		
o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"		
o Sign electrolyte replacement order as Per protocol: cosign required		
TREATMENT CONDITIONS 40		
Interval: -- Occurrences: --		
Comments:		
Magnesium (Normal range 1.6 to 2.6mEq/L)		
o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP		
o Protocol applies only to same day lab value.		
o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP		
o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV		
o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV		
o Serum Magnesium 1.6 mEq/L or areater. do not give		

- magnesium replacement
 - o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
 - o Sign electrolyte replacement order as Per protocol: cosign required

Provider Communication

ONC PROVIDER COMMUNICATION 58

Interval: -- Occurrences: --
 Comments: Prior to beginning Rituxan infusion, please check if a Hepatitis B and C serology has been performed within the past 6 months. Hepatitis B and C serologies results: Push F2:11554001 drawn on ***.

Line Flush

sodium chloride 0.9 % flush 20 mL
 Dose: 20 mL Route: intravenous PRN
 Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL
 Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose
 Start: S
 Instructions:
 To keep vein open.

Rituximab Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg
 Dose: 650 mg Route: oral once for 1 dose
 Start: S
 Instructions:
 Give 30 minutes before rituximab infusion.

diphenhydramine (BENADRYL) injection 25 mg
 Dose: 25 mg Route: intravenous once for 1 dose
 Start: S
 Instructions:
 Give 30 minutes before rituximab infusion.

sodium chloride 0.9 % infusion 500 mL
 Dose: 500 mL Route: intravenous continuous
 Start: S

Pharmacy Consult

PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION

Interval: -- Occurrences: --

Chemotherapy

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in
 sodium chloride 0.9% INITIAL INFUSION RATE IVPB
 Dose: 375 mg/m2 Route: intravenous once for 1 dose
 Offset: 60 Minutes

Instructions:
 Initiate infusion at rate of 50 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), then increase infusion rate by 50 mg/hour every 30 minutes, to a maximum rate of 400 mg/hour.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML	Medications	375 mg/m2	Main Ingredient	Yes

CONCENTRATE, IN TRAVENOUS SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base	Yes	Yes
DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base	No	Yes

**RiTUXImab (PF) (RITUXAN) in sodium chloride
0.9% NON-INITIAL INFUSION IVPB**

Dose: -- Route: intravenous once for 1 dose
Offset: 60 Minutes

Instructions:

Initiate infusion rate at a 100 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a maximum rate of 400 mg/hour.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML	Medications		Main Ingredient	Yes
	CONCENTRATE, IN TRAVENOUS SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

**RiTUXImab (PF) (RITUXAN) 375 mg/m2 in
sodium chloride 0.9% 250 mL RAPID INFUSION
RATE IVPB**

Dose: 375 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 60 Minutes

Instructions:

RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening consequences: urgent intervention indicated

(e.g., vasopressors or ventilator support).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: -- Occurrences: --
Comments: 1) During Rituximab infusion:
-Vitals every 15 minutes during 1st hour of infusion, THEN
-Every 30 minutes for 1 hour, THEN
-Every hour until end of infusion
-Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: -- Occurrences: --
Comments: 2) Infuse antibody via pump
3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg
Dose: 25 mg Route: intravenous once PRN
Start: S

diphenhydrAMINE (BENADRYL) injection 25 mg
Dose: 25 mg Route: intravenous once PRN
Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg
Dose: 100 mg Route: intravenous once PRN

famotidine (PEPCID) injection 20 mg
Dose: 20 mg Route: intravenous once PRN
Start: S

Rituximab Additional Orders

epINEPhrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg
Dose: 0.3 mg Route: intramuscular once PRN
Start: S

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76

Interval: -- Occurrences: --
Comments: Discontinue IV.

Discharge Nursing Orders

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

HEParin, porcine (PF) injection 500 Units

Dose: 500 Units Route: intra-catheter once PRN

Start: S

Instructions:

Concentration: 100 units/mL. Heparin flush for
Implanted Vascular Access Device
maintenance.

Week 2

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

Comments:

- Potassium (Normal range 3.5 to 5.0mEq/L)
 - o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
 - o Protocol applies only to same day lab value.
 - o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
 - o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
 - o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
 - o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
 - o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
 - o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

Comments:

- Magnesium (Normal range 1.6 to 2.6mEq/L)
 - o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
 - o Protocol applies only to same day lab value.
 - o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
 - o Serum Magnesium 1.0 to 1.2mEq/L. give 2 gram magnesium

- sulfate IV
 - o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
 - o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
 - o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
 - o Sign electrolyte replacement order as Per protocol: cosign required

Provider Communication

ONC PROVIDER COMMUNICATION 58

Interval: -- Occurrences: --
 Comments: Prior to beginning Rituxan infusion, please check if a Hepatitis B and C serology has been performed within the past 6 months. Hepatitis B and C serologies results: Push F2:11554001 drawn on ***.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN
 Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose
 Start: S
 Instructions:
 To keep vein open.

Rituximab Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose
 Start: S
 Instructions:
 Give 30 minutes before rituximab infusion.

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose
 Start: S
 Instructions:
 Give 30 minutes before rituximab infusion.

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous continuous
 Start: S

Pharmacy Consult

PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION

Interval: -- Occurrences: --

Chemotherapy

☉ **RiTUXimab (PF) (RITUXAN) in sodium chloride 0.9% NON-INITIAL INFUSION IVPB**

Dose: -- Route: intravenous once for 1 dose
 Offset: 60 Minutes

Instructions:
 Initiate infusion rate at a 100 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a

maximum rate of 400 mg/hour.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS SOLUTION	Medications		Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB

Dose: 375 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
Offset: 60 Minutes

Instructions:

RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS SOLUTION	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: -- Occurrences: --
Comments: 1) During Rituximab infusion:
-Vitals every 15 minutes during 1st hour of infusion, THEN
-Every 30 minutes for 1 hour, THEN
-Every hour until end of infusion

-Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: -- Occurrences: --
Comments: 2) Infuse antibody via pump
3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg
Dose: 25 mg Route: intravenous once PRN
Start: S

diphenhydrAMINE (BENADRYL) injection 25 mg
Dose: 25 mg Route: intravenous once PRN
Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg
Dose: 100 mg Route: intravenous once PRN

famotidine (PEPCID) injection 20 mg
Dose: 20 mg Route: intravenous once PRN
Start: S

Rituximab Additional Orders

epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg
Dose: 0.3 mg Route: intramuscular once PRN
Start: S

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76
Interval: -- Occurrences: --
Comments: Discontinue IV.

Discharge Nursing Orders

sodium chloride 0.9 % flush 20 mL
Dose: 20 mL Route: intravenous PRN

HEParin, porcine (PF) injection 500 Units
Dose: 500 Units Route: intra-catheter once PRN
Start: S
Instructions:
Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.

Week 3

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST
Interval: -- Occurrences: --

Labs

CBC WITH PLATELET AND DIFFERENTIAL
Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

Comments: Potassium (Normal range 3.5 to 5.0mEq/L)

- o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- o Protocol applies only to same day lab value.
- o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP
- o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

Interval: -- Occurrences: --

Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)

- o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
- o Protocol applies only to same day lab value.
- o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
- o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
- o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
- o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

Provider Communication

ONC PROVIDER COMMUNICATION 58

Interval: -- Occurrences: --

Comments: Prior to beginning Rituxan infusion, please check if a Hepatitis B and C serology has been performed within the past 6 months. Hepatitis B and C serologies results: Push F2:11554001 drawn on ***.

Line Flush

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN
Start: S

Nursing Orders

sodium chloride 0.9 % infusion 250 mL

Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose
 Start: S
 Instructions:
 To keep vein open.

Rituximab Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose
 Start: S
 Instructions:
 Give 30 minutes before rituximab infusion.

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose
 Start: S
 Instructions:
 Give 30 minutes before rituximab infusion.

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous continuous
 Start: S

Pharmacy Consult

PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION

Interval: -- Occurrences: --

Chemotherapy

RiTUXimab (PF) (RITUXAN) in sodium chloride 0.9% NON-INITIAL INFUSION IVPB

Dose: -- Route: intravenous once for 1 dose
 Offset: 60 Minutes

Instructions:
 Initiate infusion rate at a 100 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a maximum rate of 400 mg/hour.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS	Medications		Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB

Dose: 375 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
 Offset: 60 Minutes

Instructions:
 RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes. in the

absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: --
Comments:

Occurrences: --

1) During Rituximab infusion:

-Vitals every 15 minutes during 1st hour of infusion, THEN

-Every 30 minutes for 1 hour, THEN

-Every hour until end of infusion

-Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: --
Comments:

Occurrences: --

2) Infuse antibody via pump

3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

diphenhydramine (BENADRYL) injection 25 mg

Dose: 25 mg

Route: intravenous

once PRN

Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg

Dose: 100 mg Route: intravenous once PRN

famotidine (PEPCID) injection 20 mg

Dose: 20 mg Route: intravenous once PRN
Start: S

Rituximab Additional Orders

epINEPHrine (ADRENALIN) 1 mg/1 mL injection 0.3 mg

Dose: 0.3 mg Route: intramuscular once PRN
Start: S

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76

Interval: -- Occurrences: --
Comments: Discontinue IV.

Discharge Nursing Orders

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

HEParin, porcine (PF) injection 500 Units

Dose: 500 Units Route: intra-catheter once PRN
Start: S

Instructions:

Concentration: 100 units/mL. Heparin flush for Implanted Vascular Access Device maintenance.

Week 4

Perform every 1 day x1

Appointment Requests

INFUSION APPOINTMENT REQUEST

Interval: -- Occurrences: --

Labs

CBC WITH PLATELET AND DIFFERENTIAL

Interval: -- Occurrences: --

COMPREHENSIVE METABOLIC PANEL

Interval: -- Occurrences: --

MAGNESIUM LEVEL

Interval: -- Occurrences: --

LDH

Interval: -- Occurrences: --

URIC ACID LEVEL

Interval: -- Occurrences: --

Outpatient Electrolyte Replacement Protocol

TREATMENT CONDITIONS 39

Interval: -- Occurrences: --

Comments:

Potassium (Normal range 3.5 to 5.0mEq/L)

o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP

o Protocol applies only to same day lab value.

o Serum potassium less than 3.0mEq/L, give 40mEq KCL IV or PO and contact MD/NP

- o Serum potassium 3.0 to 3.2mEq/L, give 40mEq KCL IV or PO
- o Serum potassium 3.3 to 3.4mEq/L, give 20mEq KCL IV or PO
- o Serum potassium 3.5 mEq/L or greater, do not give potassium replacement
- o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
- o Sign electrolyte replacement order as Per protocol: cosign required

TREATMENT CONDITIONS 40

- Interval: -- Occurrences: --
- Comments: Magnesium (Normal range 1.6 to 2.6mEq/L)
- o Protocol applies for SCr less than 1.5. Otherwise, contact MD/NP
 - o Protocol applies only to same day lab value.
 - o Serum Magnesium less than 1.0mEq/L, give 2 gram magnesium sulfate IV and contact MD/NP
 - o Serum Magnesium 1.0 to 1.2mEq/L, give 2 gram magnesium sulfate IV
 - o Serum Magnesium 1.3 to 1.5mEq/L, give 1 gram magnesium sulfate IV
 - o Serum Magnesium 1.6 mEq/L or greater, do not give magnesium replacement
 - o If patient meets criteria, order SmartSet called "Outpatient Electrolyte Replacement"
 - o Sign electrolyte replacement order as Per protocol: cosign required

Provider Communication

ONC PROVIDER COMMUNICATION 58

- Interval: -- Occurrences: --
- Comments: Prior to beginning Rituxan infusion, please check if a Hepatitis B and C serology has been performed within the past 6 months. Hepatitis B and C serologies results: Push F2:11554001 drawn on ***.

Line Flush

- sodium chloride 0.9 % flush 20 mL**
- Dose: 20 mL Route: intravenous PRN
- Start: S

Nursing Orders

- sodium chloride 0.9 % infusion 250 mL**
- Dose: 250 mL Route: intravenous once @ 30 mL/hr for 1 dose
- Start: S
- Instructions:
To keep vein open.

Rituximab Pre-Medications

acetaminophen (TYLENOL) tablet 650 mg

Dose: 650 mg Route: oral once for 1 dose
 Start: S
 Instructions:
 Give 30 minutes before rituximab infusion.

diphenhydrAMINE (BENADRYL) injection 25 mg

Dose: 25 mg Route: intravenous once for 1 dose
 Start: S
 Instructions:
 Give 30 minutes before rituximab infusion.

sodium chloride 0.9 % infusion 500 mL

Dose: 500 mL Route: intravenous continuous
 Start: S

Pharmacy Consult

PHARMACY CONSULT TO SCREEN FOR RAPID RITUXIMAB INFUSION

Interval: -- Occurrences: --

Chemotherapy

RiTUXimab (PF) (RITUXAN) in sodium chloride 0.9% NON-INITIAL INFUSION IVPB

Dose: -- Route: intravenous once for 1 dose
 Offset: 60 Minutes

Instructions:
 Initiate infusion rate at a 100 mg/hour. In the absence of infusion toxicity (SBP within 20 mmHG of baseline, PULSE between 60 and 120 and TEMP less than 38 degrees C, and no symptoms), increase rate by 100 mg/hour increments at 30 minute intervals, to a maximum rate of 400 mg/hour.

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, INTRAVENOUS	Medications		Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	Base		Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	Base		No	Yes

RiTUXimab (PF) (RITUXAN) 375 mg/m2 in sodium chloride 0.9% 250 mL RAPID INFUSION RATE IVPB

Dose: 375 mg/m2 Route: intravenous once over 90 Minutes for 1 dose
 Offset: 60 Minutes

Instructions:
 RAPID INFUSION RATE: Initiate infusion at a rate of 100mL/hour. After 30 minutes, in the absence of infusion reactions (SBP within 20 mmHg of baseline, PULSE between 60 and 120 and Temp less than 38 degrees C, and no symptoms), increase the infusion rate to 200mL/hour. This infusion should take 90 minutes to administer.

Reaction grades:

Grade 3 Reaction: Prolonged (e.g., not rapidly responsive to symptomatic medication and/or brief interruption of infusion); recurrence of symptoms following initial improvement; hospitalization indicated for clinical sequelae (e.g., renal impairment, pulmonary infiltrates).

Grade 4 Reaction: Life-threatening consequences; urgent intervention indicated (e.g., vasopressors or ventilator support).

Ingredients:	Name	Type	Dose	Selected	Adds Vol.
	RITUXIMAB 10 MG/ML CONCENTRATE, IN TRAVENOUS	Medications	375 mg/m2	Main Ingredient	Yes
	SODIUM CHLORIDE 0.9 % INTRAVENOUS SOLUTION	QS Base	250 mL	Yes	Yes
	DEXTROSE 5 % IN WATER (D5W) INTRAVENOUS SOLUTION	QS Base		No	Yes

Rituximab Instructions

VITAL SIGNS - T/P/R/BP PER UNIT PROTOCOL

Interval: -- Occurrences: --
Comments: 1) During Rituximab infusion:
-Vitals every 15 minutes during 1st hour of infusion, THEN
-Every 30 minutes for 1 hour, THEN
-Every hour until end of infusion
-Call MD if SBP less than 90, pulse less than 60 or greater than 120, temperature greater than 38.5 degrees C

ONC NURSING COMMUNICATION 26

Interval: -- Occurrences: --
Comments: 2) Infuse antibody via pump
3) If any of the following occurs: FEVER (T greater than 38.5 degrees C), RIGORS, HYPOTENSION (30mm Hg decrease from baseline), and / or MUCOSAL CONGESTION / EDEMA, HOLD infusion until improvement of symptoms (When symptoms improve, resume infusion at HALF the previous rate)

Rituximab Infusion Reaction Orders

meperidine (DEMEROL) injection 25 mg
Dose: 25 mg Route: intravenous once PRN
Start: S

diphenhydrAMINE (BENADRYL) injection 25 mg
Dose: 25 mg Route: intravenous once PRN
Start: S

hydrocortisone sodium succinate (Solu-CORTEF) injection 100 mg
Dose: 100 mg Route: intravenous once PRN

famotidine (PEPCID) injection 20 mg
Dose: 20 mg Route: intravenous once PRN

Start: S

Rituximab Additional Orders

**epINEPHrine (ADRENALIN) 1 mg/1 mL injection
0.3 mg**

Dose: 0.3 mg Route: intramuscular once PRN

Start: S

Discharge Nursing Orders

ONC NURSING COMMUNICATION 76

Interval: -- Occurrences: --

Comments: Discontinue IV.

Discharge Nursing Orders

sodium chloride 0.9 % flush 20 mL

Dose: 20 mL Route: intravenous PRN

HEParin, porcine (PF) injection 500 Units

Dose: 500 Units Route: intra-catheter once PRN

Start: S

Instructions:

Concentration: 100 units/mL. Heparin flush for
Implanted Vascular Access Device
maintenance.